Written Testimony of

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Working Through an Outbreak: Pandemic Flu Planning and Continuity of Operations

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Mr. Chairman, Ranking Member Waxman, and Members of the Committee, on behalf of Trust for America's Health, thank you for this opportunity to testify on pandemic influenza preparedness.

My name is Dr. Alonzo Plough. I am here representing Trust for America's Health, where I serve as a member of the Board of Directors. I also am currently Vice President of Program, Planning and Evaluation for the California Endowment but this testimony does not represent the view or policies of that organization. Additionally, my perspective is greatly influenced by my serving the last ten years as Director of the Seattle and King County Department of Public Health.

Increasingly, the American public is being made aware of the possibility of a flu pandemic. Media reports have detailed that spread of avian or bird flu across Asia, Africa and Europe. Recent television programs have documented past influenza pandemics and dramatized possible future pandemic scenarios. Sometimes this information is alarming and fear-provoking and leaves the impression that there is nothing anyone can do to prepare for or respond to a pandemic flu outbreak. That is simply not the case.

First of all, governments at every level -- federal, state and local -- have an obligation to prepare for a flu pandemic and anticipate the response to an outbreak. Last week, the Administration issued its implementation plan for pandemic influenza which builds on the National Strategy for Pandemic Influenza and the Department of Health and Human Services' (HHS) Pandemic Influenza Plan issued last November. State and local governments are refining their pandemic flu plans and beginning to exercise them. Governments worldwide are asking all sectors of society -- businesses, schools, faith-based organizations, and the medical community -- to prepare now for a health emergency that might result in infection rates of 30 percent in the general population and absenteeism rates of up to 40 percent over a period of months. In other words, the good news is that lot of attention is being paid to pandemic preparedness. However, the bad news is that if an influenza pandemic were to strike soon, no community in the nation would be adequately prepared. As a nation we need to ratchet pandemic preparedness and response to a new level and provide the financial and human resources to deal with a health emergency of this magnitude.

Seattle and King County: A Model of Preparedness

Seattle and King County are among the most prepared communities in America for a flu pandemic. But that does not mean they are fully prepared. Even so, Seattle and King County can serve as an example of how a community can prepare, and how the federal government can best encourage and support local preparedness activities.

A series of public health threats and potential vulnerabilities provided Seattle and King County a preview of what public health threats might be coming down the line and what might be needed

to do to prepare. In December of 1999, Seattle hosted the World Trade Organization (WTO) meetings. At that time, the possible threat of a bioterrorist attack at those meetings led the Centers for Disease Control and Prevention (CDC) to make Seattle the first recipient of new syndromic disease surveillance systems, which allowed real-time monitoring of diseases in the region's hospitals. In 2003, Seattle experienced the second largest number of suspected SARS cases in the United States. In 2004, Seattle and King County experienced a smallpox scare that was reported on a flight from Taiwan to the Seattle/Tacoma airport. These events tested the local public health system and helped government officials understand that in an infectious disease emergency, the public health department is in charge, and has a central coordinating role with other governmental agencies. In the case of a health crisis, in Seattle and King County there are clear lines of authority and accountability. This sort of operational clarity does not necessarily exist in other localities or at the federal level.

Seattle and King County also benefit from the collaborative structure of a unified public health department. The department serves both the city and county, and the Health Officer serves on both cabinets. This gives the department access to all the relevant government agencies and personnel. The Department is also responsible for the Emergency Medical Systems serving Seattle and King County, connecting it with health care providers in a way not common for other public health departments. Because of this arrangement, the public health department has a long history of interaction with first responders, trauma units and hospitals. The collaboration that comes from these relationships is essential to successful preparations and response. Other communities should build on this model as pandemic preparations are made.

Ultimately Seattle and King County preparations come from the smart use of federal funding. When CDC and the Health Resources and Services Administration (HRSA) provided funds to prepare for bioterrorism, local public health officials recognized that an all-hazards approach to preparedness would be the most effective use of those funds. Instead of focusing on hypothetical threats, the pubic health department used its resources to prepare for pandemic flu, knowing that based on historical trends, it was statistically more likely to occur than certain bioterrorism scenarios and that these preparations also would improve the response to smallpox, anthrax, or other public health emergencies. Seattle and King County leveraged its relatively small share of federal bioterrorism dollars and local resources to maximize preparedness across a spectrum of potential hazards.

Clear authority for the public health department, a history of collaboration within the community, experience responding to public health threats, and the judicious use of federal funding are the ingredients for Seattle and King County's success. These components of public health preparedness can be replicated by other communities and the federal government in their planning and response to a pandemic.

The National Strategy for Pandemic Influenza Implementation Plan

On May 3rd, the White House unveiled its implementation plan for pandemic influenza. This government-wide plan represents serious progress for our national readiness to respond to a pandemic flu outbreak. It recognizes that a pandemic would impact every sector of society, and a comprehensive response involves engaging every federal agency and constituency. Significant

thought clearly went into the plan's development, and its depth and breadth, including over 300 activities that are tied to specific accountability measures and timelines, should be commended.

We all know, however, the real test of a plan is how it is implemented. TFAH plans to actively monitor the progress of how the plan is carried out.

TFAH has also identified a number of specific concerns about the plan. First, the document is unclear about what federal official and which federal agency would take the lead in responding to a pandemic. As we saw during and after Katrina, any lack of clarity in this area can slow response time, hamper response efforts, and allow important activities to fall through the cracks. The plan currently gives responsibilities to both HHS and the Department of Homeland Security (DHS) without making clear which of these departments is ultimately accountable for pandemic response. This is too important a matter to not be resolved prior to onset of the pandemic. We, at Trust for America's Health strongly believe that HHS should be designated as the lead agency, with the Secretary charged with coordinating the work of other federal departments and agencies. This would mirror the structure that has worked so well in Seattle and King County.

Second, the plan does not adequately address the financial impact of the pandemic once an outbreak happens. The resources it will take to implement a comprehensive response effort will be enormous. For example, once an effective vaccine is available, will the federal government purchase the 600 million doses needed to protect Americans against the pandemic strain? If so, at what cost? If not, who will be responsible for the vaccine purchase? We must think through these kinds of problems now, when we have time. We can't leave such important decisions to be made in the midst of a health crisis.

Also, we need to take concrete steps to assure the sustainability of our nation's health care services in a pandemic. A pandemic won't discriminate between people who are insured or uninsured. We need policies that will encourage those who are uninsured to seek care to help contain the spread of the disease, and ensure that health care providers won't be bankrupted by providing this care. There will be life after a pandemic, and we need to take measures so our health care system will still be standing.

Government Progress in Preparing for Pandemic Flu

Beyond improving the plan, there are other important steps that must be taken to ensure we are prepared. TFAH has several specific recommendations designed to ensure that the U.S. is better prepared, regardless of when the pandemic occurs.

- **Funding**

  In FY 2006, Congress provided an important down payment of $3.8 billion towards adequately preparing the nation for a pandemic outbreak, and for that we are grateful. This funding has already helped jump start pandemic readiness efforts at a number of federal agencies, including the departments of Health and Human Services, Veterans Affairs, Defense, Agriculture, Interior, Homeland Security and State

However, these funds fall well short of the President's proposed $7.1 billion, leaving a minimum of an additional $3.3 billion to fulfill his request. The proposed FY 2007 budget proposal contains an additional $2.63 billion for HHS, $82 million for the Department of Agriculture, $10.6 million for the Department of the Interior, and $55 million for the United States Agency for International Development (USAID). The recent emergency supplemental appropriations measure approved by the Senate would accelerate the expenditure of the $2.3 billion allowance provided in the President's FY 2007 budget. TFAH urges House and Senate conferees to include these funds in the final conference report. Congress must do all in its power to provide full funding for pandemic influenza initiatives now so that investments in vaccine technology and manufacturing, state and local preparedness and adding medicines and equipment to the Strategic National Stockpile can be made.

- **Assistance for States and Localities**

Where you live shouldn't determine your level of protection against a pandemic in America. It is unacceptable to leave communities virtually on their own with respect to preparing for pandemic flu. A pandemic will not just strike individual states like Virginia or California or Washington. It will strike the entire United States of America, and our response must be as one. The federal government must take responsibility for many aspects of pandemic readiness, including setting a basic standard for preparedness across America. HHS, in consultation with public health and medical professionals, should develop more detailed guidance for state and local officials so that the pandemic response will be consistent and appropriate across jurisdictions. This should include guidance on prioritizing the population in the event of limited vaccine/antiviral medications; incentivizing health care workers to go to work during a pandemic; setting policies regarding isolation and travel that are uniform across the country; providing for equitable distribution of federally held stockpiles; and setting minimum standards of prevention, containment and care.

HHS, and more specifically CDC, needs to be quicker to release funds to state and local health departments. This is especially true when there are deadlines grantees must meet with respect to obligating funds. HHS should disburse 50 percent of the funds appropriated for state and local health department preparedness in no less than 60 days after this appropriation becomes available. However, this by no means should preclude the setting of conditions and performance measures for all funds provided to state and local health departments.

We also believe that a small amount of state and local preparedness funds should be withheld by HHS for the provision of technical assistance to state and local health departments regarding pandemic preparedness. An amount up to three percent of the funds appropriated should be sufficient.

- **State Pandemic Preparedness Plans**

Both the federal government and the states should be regularly testing their planning assumptions through exercises. HHS needs to conduct rigorous evaluations of state and local pandemic preparedness plan exercises and after-action reports. HHS should then provide

technical assistance and guidance to state and local health departments to address deficiencies in their plans.

The ability to rapidly distribute influenza vaccine is a critical element of pandemic response. To assure that rapid, mass distribution plans are appropriately exercised, states and localities should be able to use funding provided for pandemic preparedness to purchase and distribute seasonal influenza vaccine, provided the vaccine is used in the context of a pandemic preparedness distribution exercise.

- **Communications**

The public needs to be educated about the nature of a pandemic and how they can protect themselves, both before an incident and during an outbreak. Much more needs to be done in this area. Inaccurate or incomplete information will undermine any effort to control the spread of a pandemic. The response to Hurricane Katrina and the anthrax incidents here in Congress demonstrated just how far the government has to go with respect to communicating effectively before and during a crisis in the modern 24 hour news cycle.

Officials must do a better job of taking into account the likely real-world reactions from the public, media, and decision-makers. Planning must also take into account the shortcomings in the response systems and what will happen to these systems when they are overwhelmed in mass emergency events.

Currently, most public health risk communications plans focus on how to get accurate information about health threats to the public. They rarely take into account the way the media operate in the United States, which is freely and openly. The government will not be able to tightly control every message that the public will hear during a pandemic flu outbreak. The public will witness and hear accounts of what are often worst-case scenarios and unconfirmed rumors. They will also be exposed to criticism of the government's strategies and actions. These realities need to be factored into government plans to communicate about pandemic flu. The risk communications strategies must go beyond hourly press conferences and advisories on Web sites. The media can be an effective partner in transmitting proper information, but only if consistent and clear messages are pre-established and public distribution channels are pre-arranged.

To help fill the void, TFAH has produced a series of pamphlets entitled, *It's Not Flu as Usual*, aimed at educating various sectors of society on steps to be taken to better prepare for a pandemic. We have already produced pieces targeted at businesses, faith-based organizations and health care providers. I respectfully request that you accept copies of these publications into the hearing record.

- **Stockpiles**

In a pandemic, development of an effective vaccine will take months. Production and distribution on the scale that will be needed may take even longer. In the meantime, we will

be dependent on traditional infection control measures and on stockpiles of medications and equipment. It is critical that these stockpiles be sufficient.

States should not be expected to cover 75 percent of the purchase price for 31 million courses of antiviral medications, as the Administration's current plan assumes. A pandemic will be a national emergency that demands a national stockpile of medications that might mitigate the spread of the disease. Public health officials must have the flexibility to provide the medication where outbreaks are most severe, not based on a state's ability to purchase the medication. The current Administration proposal may lead to geographic inequities which could have disastrous public health outcomes.

Most health providers order and stock supplies on a "just-in-time" basis. They often have only a few days of reserve supplies, equipment like portable respirators, and commonly prescribed medications. Therefore, CDC should also stockpile medical supplies necessary to combat a pandemic beyond vaccines and antiviral medications. This should include many basic protective items, such as protective N95 masks, gloves, gowns, and clean hospital linens, many of which are produced abroad and may not be available during a global health emergency.

- **Sustaining Our Nation's Health Care Services**

The U.S. government must take concrete steps now to assure the sustainability of our nation's health care services in a pandemic. A pandemic won't discriminate between people who are insured or uninsured. We need policies that will encourage those who are uninsured to seek care to help contain the spread of the disease, and ensure that health care providers won't be bankrupted by providing this care. There will be life after a pandemic, and we need to take measures so our health care system will still be standing.

The extraordinary health care costs of an influenza pandemic could jeopardize efforts to control it. The potential for health care providers to be overwhelmed with providing emergency care, while forgoing revenue generating activities (such as elective surgery), could force hospitals and other health care providers to close down during or immediately after a pandemic. The uninsured and underinsured could delay seeking diagnosis and treatment because of out of pocket costs they might not be able to afford. Delayed diagnosis may eliminate the value of isolation or quarantine measures and render useless potential treatments. Providers should be guaranteed some level of compensation for the services they provide during a pandemic and individuals need to recognize that cost should not delay their coming forward for diagnosis or treatment.

TFAH proposes the creation of a stand-by Medicaid authority that would permit the HHS Secretary to declare a public health emergency and grant immediate, temporary Medicaid eligibility to individuals who are uninsured or underinsured during a pandemic. The federal government would guarantee payment for 100 percent of the costs – as these additional costs are probably beyond the capacity of most states to absorb in an emergency, at a time when tax revenues are likely to be reduced. The benefit would last as long as the state of emergency is in effect.

HHS should also require operational contingency planning for a pandemic outbreak and other health emergencies from all grantees and sub-grantees that provide direct services to individuals or families as a condition of funding. It is imperative that social, health and welfare services continue during a pandemic.

Conclusion

The government has made considerable progress in preparing for a pandemic, far more than some might have expected. But there is still much to do and there are flaws in the government's efforts that need to be corrected quickly.

The clock is ticking as the threat is growing. The Administration's strategy, plan, and budget request help move the country toward better preparedness. But, Congress must now act expeditiously to fill the remaining weaknesses and ensure that America is as prepared as possible to face this serious health threat.

Every level of government -- federal, state and local -- must prepare for pandemic flu. Every American must hold government accountable for ensuring that every community nationwide is prepared for a worst case flu outbreak. Americans must demand that elected officials provide the leadership, funding and public policies that will mitigate the spread of pandemic flu and provide medical treatment to all those who need it.

I thank you again for this opportunity to express TFAH's views on evaluating the U.S. readiness for the next flu pandemic.